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# Integrated inspections of services for children in need of help and protection, children looked after and care leavers and joint inspections of the Local Safeguarding Children Board

Consultation document

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This is a joint consultation document on proposals for the integrated inspection of services for children in need of help and protection, children looked after and care leavers and the joint inspections of Local Safeguarding Children Boards.

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Piccadilly Gate  
Store Street  
Manchester  
M1 2WD

T: 0300 123 1231  
Textphone: 0161 618 8524  
E: [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)  
W: [www.ofsted.gov.uk](http://www.ofsted.gov.uk)

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## Purpose and background to the consultation

1. The Office for Standards in Education, Children's Services and Skills (Ofsted), the Care Quality Commission (CQC), Her Majesty's Inspectorate of Constabulary (HMIC), Her Majesty's Inspectorate of Probation (HMI Prob) and Her Majesty's Inspectorate of Prisons (HMIP) are committed to the introduction of a new integrated inspection of the arrangements for the help, care and protection of children in England. These inspections will focus on the effectiveness of local authorities' and partners' services for children who may be at risk of harm, including the effectiveness of early identification and early help and the effectiveness of the response of services to children looked after and care leavers. In addition, the inspectorates propose to conduct a joint inspection of the effectiveness of the Local Safeguarding Children Board (LSCB).
2. In 2012, the inspectorates consulted on proposals for the development of inspections in two key areas of children's services: multi-agency arrangements for the protection of children; and services for children and young people looked after and care leavers. The former was a joint consultation between all the inspectorates and the latter between Ofsted and CQC.
3. The consultation on the multi-agency arrangements for the protection of children focused on local authority and partnership arrangements for children and young people who are being harmed or who may be at risk of harm, including the provision and effectiveness of early help.
4. In respect of the services for children and young people looked after and care leavers, Ofsted proposed to replace three separate inspection frameworks with a single inspection to focus on local authority performance of its statutory responsibilities for children looked after and care leavers.<sup>1</sup> This was planned as a joint inspection with CQC.
5. Three pilots for services for children looked after and care leavers took place, alongside five pilots for multi-agency child protection arrangements. Although these pilots were successful in part, they also highlighted methodological challenges that needed to be resolved, including the transparency and accountability of judgements across all statutory partners with a responsibility for the protection and care of children.
6. The learning from our pilots and the concerns expressed regarding the use of a single judgement for a complex multi-agency system led to Ofsted taking the decision to defer the multi-agency inspection of child protection and, instead, implementing an Ofsted-only inspection of services for children in need of help and protection, children looked after and care leavers from November 2013.

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<sup>1</sup> As defined in Children Act 1989; Children (Leaving Care) Act 2000 and Adoption and Children Act 2002.

## Current inspection programmes

7. Valuable lessons were learnt from the joint consultation exercises and joint piloting in 2012/13; many of the positive elements were incorporated into the next phase of work by each of the inspectorates.
8. The Ofsted 'single inspection framework',<sup>2</sup> implemented in November 2013, focuses on:
  - the effectiveness of local authority services and arrangements to help and protect children
  - the experiences and progress of children looked after, including permanence for children who are looked after and the experiences and progress of care leavers
  - adoption
  - fostering
  - the use of residential care
  - the experiences of children who return home.
9. The leadership, management and governance judgement addresses the effectiveness of leaders and managers and the impact they have on the lives of children and young people and the quality of professional practice locally. Ofsted makes judgements on a four-point scale of 'outstanding', 'good', 'requires improvement' and 'inadequate', and identifies areas for improvement. This is a universal three-year programme. At the same time, Ofsted undertakes a review of the effectiveness of the Local Safeguarding Children Board.<sup>3</sup>
10. CQC launched a two-year single agency programme of reviews in September 2013. These inspections evaluate the effectiveness of health services for children looked after and care leavers and the effectiveness of safeguarding arrangements within health services for all children.<sup>4</sup>
11. CQC are inspecting those areas where there is the greatest risk within health services, and where there have been deficiencies in the effectiveness of safeguarding arrangements and services for looked after children in the NHS. The inspections focus on the experiences of children and their families in contact with health services. CQC publishes its findings and makes recommendations in a report for each local area. This does not include a grade

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<sup>2</sup> These inspections are conducted under section 136 of the Education and Inspections Act, 2006; [www.legislation.gov.uk/ukpga/2006/40/section/136](http://www.legislation.gov.uk/ukpga/2006/40/section/136).

<sup>3</sup> These reviews are conducted under section 15A of the Children Act 2004; [www.legislation.gov.uk/ukpga/2004/31/section/15A](http://www.legislation.gov.uk/ukpga/2004/31/section/15A).

<sup>4</sup> These reviews are conducted under section 48 of the Health and Social Care Act 2008; <http://www.legislation.gov.uk/ukpga/2008/14/section/48>.

or rating. At the end of the inspection cycle, CQC will also publish a national report that brings together findings from across the country.

12. During 2013, HMIC, as a single inspectorate:
  - conducted a number of child protection inspections of individual police forces
  - carried out a thematic inspection of how the police service across England and Wales responds to online child sexual exploitation
  - worked jointly with Her Majesty's Crown Prosecution Service Inspectorate to inspect the Investigation and Prosecution of Child Sexual Abuse
  - worked jointly with Her Majesty's Inspectorate of Probation to complete a thematic inspection of child protection within probation trusts and youth offending teams across England and Wales.
13. The report for the response to online child sexual exploitation will be published in summer 2014. Other child protection reports can be found on the HMIC website.
14. In April 2014, HMIC began its own national child protection inspection programme, which will cover all police forces in England and Wales. The programme draws on the principles developed during earlier multi-agency child protection inspection work.
15. HMI Probation has completed a thematic inspection on child protection arrangements in probation trusts and youth offending teams. In addition, child protection has been the topic in the most recent round of performance inspections of probation trusts. The thematic report and the aggregate findings of the performance inspection of probation trusts will be published in summer 2014.
16. HMI Prisons conducts regular inspections of juvenile establishments and from 2014 will increase the frequency of these to approximately once a year. HMI Prisons routinely examine the arrangements in custody and in detention for safeguarding, child protection and looked after children. Arrangements have recently been made to examine how the needs of care leavers are addressed.

## **Integrated inspection**

17. The inspectorates agreed that, from April 2015, we would work jointly together to examine the impact of professional practice on the lives of our most vulnerable children. We have taken account of our joint pilot inspections, the consultation responses and the learning from our own individual inspection programmes. We believe that it is more appropriate to describe our intended work together as an integrated inspection as we bring together the best ways of working from each of the inspectorates own inspection programmes into an integrated approach.

18. Ofsted intends to continue with its three-year programme of local authority inspections using the single inspection framework that was launched in November 2013. CQC and HMIC are also committed to continuing their existing programmes as outlined in earlier paragraphs. HMI Probation will also continue to incorporate safeguarding/child protection in their core inspection programmes of adult and youth offending work.
19. Alongside these existing programmes, services in a small number of local authority areas will have an integrated inspection. In some cases, the integrated inspection will replace an agency inspection.<sup>5</sup> The Ofsted single inspection programme will continue and so all local authorities will continue to be judged against these published criteria. The single inspection will be the 'spine' of the integrated inspection. The other inspectorates will carry out their own inspection within the same four-week period as Ofsted to evaluate the contribution of other agencies to the help, care and protection of children in the local authority area.
20. Children and young people who are in need of help and protection, or who are looked after, are vulnerable and face considerable disadvantages. They deserve to be protected and cared for by people and services whose practice is judged to be at least good. We are proposing that we will make individual judgements about the contribution of the local authority, health services and the police to the help, care and protection of children and young people. These criteria will be relevant and specific to each of these agencies inspected.
21. Ofsted is not consulting on the descriptors of a 'good' local authority, as this will remain the same as in the current single inspection of local authorities. However, Ofsted thinks that working on site with the other inspectorates will enhance our understanding of the impact and effectiveness of the local authority and give a better picture of where the strengths and weaknesses in the multi-agency system lie.
22. The proposed new integrated inspection framework will set out the characteristics of 'good' for the local health services and the police. This is the standard that children, young people and their families and carers have a right to expect. The framework will also set out the criteria against which the quality of work will be assessed for:
  - youth offending teams
  - providers of probation services (National Probation Service and Community Rehabilitation Companies)
  - custodial establishments and places where children are detained.

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<sup>5</sup> This does not preclude any of the inspectorates from conducting follow-up inspection or regulatory activity in line with their findings and statutory obligations.

23. During this period, CQC is consulting separately on its new approach to the inspection of the services it regulates under Section 60 of the Health and Social Care Act 2008.<sup>6</sup> This includes the inspection framework for NHS services and descriptors for 'good' against the five domains of safe, effective, caring, responsive and well-led. While the two consultations relate to separate frameworks, underpinned by different legislative powers, CQC is committed to addressing issues of consistency of judgement across inspection programmes.
24. The inspectors will work together to share and triangulate their findings throughout the inspection process. In addition, each inspectorate will report on their individual findings about agencies, identifying the key strengths and weaknesses that support the individual agency judgements and identifying any areas for improvement.
25. We will not make an aggregate judgement about the experiences and progress of children and young people in the local area, but we will bring together the key findings from all agencies about the help, protection and care of children and young people into a summary report that makes clear the experiences of children and young people in the local area.
26. We will make a shared judgement about the effectiveness of the Local Safeguarding Children Board (LSCB).
27. Following consultation and piloting, we propose to implement the integrated inspection from April 2015. We will use the information gathered from the consultation to finalise the revised arrangements for inspection. We will publish the findings from the consultation on each of our websites.
28. This consultation seeks your views on the proposed new integrated arrangements for inspecting services for children in need of help and protection, children looked after and care leavers and for the joint inspections of the effectiveness of the LSCB. We want to base that on the knowledge and experience of all those with an interest in the protection of children and children looked after. Your views will help to refine and develop the framework for inspecting these services.

## **What does an integrated inspection mean?**

29. From April 2015, the following will apply.
  - The Ofsted three-year programme of single local authority inspections will continue.
  - Some local authority areas will have their single inspection as part of the integrated inspection. The grade descriptors and judgements for local

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<sup>6</sup> This consultation will open in July 2014.



authority performance will remain the same, irrespective of whether it is an Ofsted-only or an integrated inspection.

- The local authority, the police and the contribution of health services in the local area will be evaluated against the four-point judgment scale: outstanding, good, requires improvement and inadequate.
- The integrated framework will include grade descriptors to describe 'good' in each of the agencies: the local authority, health and the police.
- For these agencies, the framework will also include grade descriptors for 'outstanding', 'requires improvement' and 'inadequate' that are derived from 'good' as the benchmark.
- The work of youth offending teams, the providers of probation services and the contribution of the providers of custodial or detention services will be assessed against a set of criteria. Grade descriptors will not be used because of the small size of the inspection samples in these organisations.
- HMI Probation and HMI Prisons will contribute to the integrated inspection by providing a narrative account of the strengths and weaknesses of the contribution of their respective agencies to the help, care and protection of children and young people in the local area.
- HMI Prisons will be part of the inspection team where there is a custodial or detention facility in the local area, or when requested to provide advice where risks are identified involving children placed in the area being inspected.
- In each local authority area there will be a joint inspection of the effectiveness of the Local Safeguarding Children Board, which will result in a graded judgement of the effectiveness and impact of the board.
- Each inspectorate will carry out its part of the integrated inspection in accordance with their legislative powers and functions using their own legislative powers. The inspection of the LSCB will be carried out under section 20 of the Children Act 2004.<sup>7</sup>

30. We are seeking your views on six specific proposals.

- The first proposal outlines how we will undertake the integrated inspections and how we will select which local authority areas to inspect in this way.
- The second proposal sets out the judgement structure for the integrated inspection.
- The third proposal concerns the grade descriptors for the judgement of 'good' in each of the health services and the police force. We want to know if they describe what children and young people should experience; the

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<sup>7</sup> Section 20 of the Children Act 2004; [www.legislation.gov.uk/ukpga/2004/31/section/20](http://www.legislation.gov.uk/ukpga/2004/31/section/20).

help, protection and care they should receive; and the progress they should make.

- The fourth proposal concerns the criteria that will be used to evaluate youth offending teams, providers of probation services and providers of custodial and detention services. We want to know if they accurately describe how these providers help to protect children, including children looked after, and whether the governance and management arrangements are effective.
- The fifth proposal is that we will produce a summary of key findings from across the local agencies. In addition, each inspectorate will produce a separate report outlining their detailed findings within their own agency.<sup>8</sup> These reports will also be published as a single document.
- The sixth proposal is that we will jointly inspect the LSCB to evaluate the effectiveness and impact of the LSCB in meeting its statutory objectives as set out in section 14 of the Children Act 2004<sup>9</sup>:
  - to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
  - to ensure the effectiveness of what is done by each such person or body for those purposes.

## Responding to this consultation

31. The consultation questions that we would like you to answer are in our online survey that can be located via: [www.surveymonkey.com/s/IntegratedInspection](http://www.surveymonkey.com/s/IntegratedInspection)
32. You can also download a version of the questions from any of the inspectorate's websites at the links below. You can complete this questionnaire and either email or post to us:
  - **Ofsted:** [www.ofsted.gov.uk/resources/140112](http://www.ofsted.gov.uk/resources/140112)
  - **CQC:** <http://www.cqc.org.uk/content/consultation-integrated-multi-agency-inspections-childrens-services>
  - **HMIC:** [www.hmic.gov.uk/publication/integrated-inspection-of-child-protection-services-consultation/](http://www.hmic.gov.uk/publication/integrated-inspection-of-child-protection-services-consultation/)
  - **HMI Probation:** <http://www.justiceinspectorates.gov.uk/hmiprobation>
  - **HMI Prisons:** <http://www.justiceinspectorates.gov.uk/hmiprison>

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<sup>8</sup> Under their respective legal powers.

<sup>9</sup> Section 14 of the Children Act 2004; [www.legislation.gov.uk/ukpga/2004/31/section/14](http://www.legislation.gov.uk/ukpga/2004/31/section/14).

## **Proposal 1: How and where we will inspect**

### **Proposal 1a: How we will inspect**

33. Inspectors will look closely at the experiences of children and young people who have needed or still need help and/or protection. This includes children and young people who are looked after and young people who are leaving care and starting their lives as young adults. Inspectors will consider the quality of work and the difference adults make to the lives of children, young people and families. They will read case files, observe how professional staff work with families and each other and discuss the effectiveness of help and care given to children and young people. Wherever possible, they will talk to children, young people and their families.
34. In addition, the inspectors will try to understand what the local authority and the partner agencies know individually and collectively about how well they are performing and the difference they are individually and collectively making for the children and young people they are trying to help, protect and look after.
35. Each inspectorate will gather evidence in line with their own criteria, as outlined in this consultation document. Throughout the inspection process, the inspectorates will share findings and lines of enquiry to triangulate evidence and fully understand the experiences and progress of children and young people in that local authority area.
36. Inspectors from each of the inspectorates will be on site at the same time. Ofsted inspectors will be on site across a four-week period, just as they are in the current single inspection. Inspectors from the other inspectorates will be deployed across the same inspection window. The number of inspectors and/or time on-site will be based on contextual factors such as the size of the local authority area or complexity of local service structures. It is not anticipated that all inspectors will be on site for the whole inspection, but the team will make sufficient opportunities to share findings and inform each other's lines of enquiry.
37. Each inspectorate will provide detailed feedback to their respective agency at the end of their respective inspection activity.

### **Proposal 1b: the criteria for choosing where we will go**

38. Ofsted is committed to inspecting each local authority in a three-year cycle. The cycle commenced in November 2013 and will complete in autumn 2016. The CQC is also continuing with their programme of single inspections. This means that, for some local authorities and some Clinical Commissioning Groups, inspections by Ofsted and CQC will be part of an integrated inspection. We are proposing that we will inspect 20–25 local authority areas in this way between

April 2015 and November 2016. We will identify these local authority areas in a number of ways:

- where Ofsted would be returning following a previous inadequate inspection judgement, these local authority areas will all be subject to an integrated inspection so that we can evaluate not just the improvement of the local authority but the contribution of other agencies to the experiences and progress of children and young people
- where other inspectorates have concerns about practice that suggest we should evaluate the quality of multi-agency working
- a sample of local authority areas that do not meet these criteria. This is so we can disseminate good practice and identify where agencies are working well together. We are proposing that at least 25% of the local areas will be selected in this way as we want to ensure that we have the opportunity to disseminate learning from a range of local authority areas.

39. We would like to know what you think of these two related proposals.

## Proposal 2: the judgement structure

40. We propose that Ofsted, CQC and HMIC will all make separate judgements on their respective agencies using the same judgement structure.
41. We propose that the judgement structure used by CQC and HMIC will mirror the judgement structure used by Ofsted in its single inspection:<sup>10</sup>
- **The overall effectiveness of services and arrangements for children** – one on each of the local authority, health services and police force.  
This is a cumulative judgement for each of the local authority, health service and police derived from:
  - **The experiences and progress of children who need help and protection** – one on each of the local authority, health services and police force
  - **The experiences and progress of children looked after** – one on each of the local authority (including 'achieving permanence', 'adoption performance' and 'the experiences and progress of care leavers' as outlined in the current single inspection) and health services (including care leavers).
  - **Leadership, management and governance** – one on each of the local authority, health services and police force.
- And at the same time:
- **A shared judgement about the effectiveness of the Local Safeguarding Children Board**<sup>11</sup> (local authority, health services, police force, probation, youth offending team and prison service (where relevant)).
42. To help the reader understand each of these judgement areas, the inspectorates have agreed the content of the blue boxes below. In our view these describe the territory and parameters of each of these judgement areas. While some areas are more relevant to some agencies than others, they illustrate the joint territory of these inspections and the scope of the final joint summary report.

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<sup>10</sup> Ofsted's judgement structure is not subject to consultation.

<sup>11</sup> Please see Proposal 6 for more detail on the proposals for this joint inspection.

## **Summary: The experiences and progress of children who need help and protection<sup>12</sup>**

43. This summary applies to judgements made on the local authority, health services and the police.

Children and young people who are, or who are likely to be, at risk of harm or who are the subject of concern are identified and protected. Help is provided early in the emergence of a problem and is well coordinated and recorded through multi-agency arrangements. Thresholds between early help and statutory child protection work are appropriate, understood and operate effectively. Records of action and decision are clear and up to date. Children and young people are listened to and heard. Social workers build effective relationships with them and their families in order to assess the likelihood of, and capacity for, change. Police officers, police staff members and health professionals provide timely and effective help and protection. Risk is well understood and managed and regularly reviewed. Children and young people experience timely and effective multi-agency help and protection through risk-based assessment, authoritative practice, planning and review that secures change.

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<sup>12</sup> This judgement includes the help and protection of children and young people who are looked after and live in the local area irrespective of whether the local authority is the placing authority.

## **Summary: The experiences and progress of children looked after including care leavers**

44. This summary applies to judgements made on the local authority<sup>13</sup> and health services.

Decisions about children and young people becoming looked after are made using high-quality assessments about the risk of harm or actual harm to them and the likelihood of change in their family. Thresholds are clear and applied appropriately. Children and young people are listened to by social workers and professionals who know them well. Adults working with children and young people help them to understand and manage their early childhood experiences, to progress well and achieve educationally, and to influence decisions about their future. They return home with the support they need and when it is safe for them. If this is not possible, they live in stable placements where they are helped to build positive relationships and maintain contact with their family and friends where this remains in their best interests. Care plans are regularly reviewed to ensure that the child or young person's current and developing needs continue to be met.

Permanent homes and families are found for children and young people without unnecessary delay. Their needs are met and they live with their brothers and sisters if that is assessed as being in their best interests. They do not experience placement moves unless they are part of a planned return home or in accordance with plans for their future. Their education is not disrupted unless it is in their best interests and plans for their schooling provide any extra help they need to make up time and learning that has been missed. They develop safe and secure relationships with adults that persist over time. Their health is assessed, taking account of their family history when they become looked after and their health needs are met in a coordinated way. When they leave care they have information and support and the skills and confidence to take responsibility for their own health. When support is needed, children, young people and families are able to access it for as long as it is needed, throughout their childhood and beyond.

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<sup>13</sup> Including achieving permanence and adoption performance for the local authority.

## Summary: Leadership, management and governance

45. This summary applies to judgements made on the local authority, health services and the police.

Leadership, management and governance arrangements comply with statutory guidance<sup>14</sup> and together establish an effective strategy and good-quality services for children, young people and their families. There is a clear and up-to-date strategy for commissioning and developing services delivered by a suitably qualified and experienced workforce that meets the needs of local children and young people and families. The Director of Children's Services (DCS), the lead elected member and the senior management team in the local authority, the police and health commissioners and providers have a comprehensive knowledge about what is happening at the frontline to enable them to discharge their responsibilities effectively. They know and understand the difference that help, care and protection are making. They oversee systematic performance management and, monitoring that, demonstrate rigorous and timely action in response to service deficiencies or new demands.

Through working in partnership, the local authority, health service and police force deliver early help, protect children and young people, improve educational attainment and narrow the gap for the children looked after and care leavers. The local authority acts as a strong and effective corporate parent for children looked after and those leaving or who have left care. Leaders, both professional and political, drive continuous improvement so that the local authority is consistently effective as the lead agency for the protection and care of children and young people and as a corporate parent, and partner agencies are consistently effective in their role to help and protect children and young people. Partnerships are supported by transparent and rigorous governance between the local authority and key statutory, private and voluntary organisations. Shared priorities are clear and resourced. There is effective engagement across the relevant local partnerships including the Health and Well-being Board.

The DCS works closely with the LSCB chair and the local authority chief executive holds the LSCB chair to account for the effectiveness of the LSCB.

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<sup>14</sup> *Statutory guidance on the roles and responsibilities of the Director of Children's Services and the lead member for children's services*, Department for Education, 2012; [www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-00034-2012](http://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-00034-2012) and *Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework*, March 2013; [www.england.nhs.uk/wp-content/uploads/2013/03/safeguarding-vulnerable-people.pdf](http://www.england.nhs.uk/wp-content/uploads/2013/03/safeguarding-vulnerable-people.pdf).



## Proposals 3 and 4: the evaluation criteria

46. We would like to know if:

- the characteristics of 'good' as they are set out describe the help, care and protection that children and young people should experience and the progress they should make
- the 'outstanding' criteria capture well the effectiveness of those agencies that are making an exceptional and enduring difference to the lives of children and young people
- the 'requires improvement' and 'inadequate' criteria clearly draw the distinction between those agencies that are not yet good and those agencies that are failing to help, care for and protect children and young people and/or have inadequate leaders and managers.

### Proposal 3a: The local authority

47. Ofsted will continue to make judgements using the evaluation criteria outlined in the single inspection framework.<sup>15</sup>

48. The evidence to support these judgements will be triangulated with the findings of the other inspectorates where relevant to ensure that any strengths and weaknesses in practice are attributed to the right part of the system.

### Proposal 3b: Health agencies

49. CQC's contribution builds on its existing programme to review how health services safeguard children and meet the health needs of children looked after and young people leaving care. CQC examines the experiences and outcomes for children receiving health services within the geographical boundaries of the local authority area and reports on the contribution of health providers, Clinical Commissioning Groups (CCGs) and the NHS England Area Team.

50. Where the findings relate to children in other local authority areas, cross-boundary arrangements are considered and commented on. Arrangements for the health-related needs and risks for children placed out of area are also included.

51. The CQC inspection programme is conducted using Section 48 of the Health and Social Care Act 2008, which gives CQC powers to conduct a special review. This allows CQC to review the provision of NHS care and the exercise of

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<sup>15</sup> *Framework and evaluation schedule for the inspection of services for children in need of help and protection, children looked after and care leavers (single inspection framework) and reviews of Local Safeguarding Children Boards (130216)*, Ofsted, 2014; [www.ofsted.gov.uk/resources/130216](http://www.ofsted.gov.uk/resources/130216).

functions of NHS England and CCGs, both of whom play an important strategic role in child safeguarding.

52. For this inspection programme, the key lines of enquiry focus specifically on health service child safeguarding responsibilities. The individual inspection reports provide a commentary for the health system within a local authority geography, with recommendations directed to specific providers, the CCGs and NHS England. The programme will include a national report of the findings and examples of best practice.
53. CQC has the power under s48 to review the provision of children's healthcare which is commissioned by NHS England or CCGs and to healthcare provided under s75 NHS Act 2006 agreements.
54. CQC does not have the power, under Section 48, to review children's health services that are commissioned by local government. Those services form an integral part of the provision of health services for children: school nursing, health visiting, contraception and sexual health (CASH) services and substance misuse services for children. The integrity of the inspection of health services in relation to safeguarding is compromised if CQC does not include them in the integrated inspection.
55. CQC is therefore proposing to include these services in their review of child safeguarding as part of the integrated inspection programme. Further consideration is needed about the information provided to Directors of Public Health prior to a review, the conduct of the review itself and how findings will be reported to the Directors of Public Health. CQC is consulting with Public Health England (PHE) and Directors of Public Health on the way in which this is managed. CQC and PHE will be jointly writing to all Directors of Public Health to seek their views on this point.
56. The CQC inspection methodology incorporates feedback from the previous multi-agency consultation and the experience of the multi-agency pilot inspections conducted in 2012/13. A significant difference from the framework used by Ofsted, HMIC and other inspectorate partners is that this review looks across a whole health system and how organisations work both individually and together for children who need help, care and protection. The health agency report focuses on the contributions made by a number of organisations and services to the experiences and outcomes for children. The report is in the form of a commentary and recommendations are specifically directed to the organisation(s) where action is required.
57. In the single agency programme, CQC does not progress its judgements to a grade or rating. It is proposed, for the integrated programme only, to additionally express the judgement as a grade for each of the three areas of activity reviewed and a grade for overall effectiveness. This is not a rating for individual health providers. CQC's comprehensive inspection programme for all services provided by hospitals and primary care will be the means by which

CQC awards ratings to individual providers. The findings of both the integrated and single agency inspections will be used as intelligence to inform that process.

58. The characteristics of 'good' in the CQC proposals have been developed from their single agency inspection programme key lines of enquiry. To ensure that there is a coherent approach across inspectorates, this has to include some additional detail and, once the characteristics have been finalised, there will be a review back to the single agency methodology to update the key lines of enquiry and ensure consistency in the areas of activity assessed.

### **The judgements**

59. CQC will make the following judgements about the contribution of health agencies to the help, care and protection of children and young people:
- The overall effectiveness of health services and arrangements for children  
This is a cumulative judgement derived from:
    - The experiences and progress of children who need help and protection
    - The experiences and progress of children looked after<sup>16</sup>
    - Leadership, management and governance
60. Health services will be judged against the criteria applied in the CQC single agency inspection programme.
61. The characteristics for 'good' are aligned to the key lines of enquiry that are used on all inspections and are described for each of the three judgements above.
62. Overall effectiveness is also aligned with CQC's generic descriptors from the comprehensive inspection programme. The findings from this programme are shared with hospital and GP inspection teams.

### **Overall effectiveness**

63. The overall effectiveness of health services is outstanding when the following apply:
- a. There are consistently positive views from children and young people and their families about the quality of service they receive.
  - b. The views and experiences of children, young people and their families are listened to and are at the centre of service design, influence development and strategic thinking.

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<sup>16</sup> CQC does not review 'achieving permanence'.

- c. There is strong evidence of innovation and a proactive approach to performance improvement. Health services are responding to the changing needs of its local communities. Change and improvement are consistently and effectively implemented and reviewed for their impact. Children, young people and families clearly benefit from improvements that are made and the impact of their feedback is well evidenced.
  - d. There is strong evidence of research and an embedded ethos of shared learning that improves professional practice. This is sustained over time.
  - e. There is a consistent track record of high quality, responsive practice delivering measurably improved outcomes for children, young people and their families.
  - f. Service delivery is consistently in line with evidence-based, best practice guidance and the highest professional standards.
  - g. A health and social care economy-wide collaborative approach is taken, working with other agencies to improve outcomes for children and families, tackling health inequalities, planning, and delivery of high quality coordinated services.
  - h. Staff feel respected, valued and supported by their organisations and are actively engaged.
  - i. There is a positive culture of openness and candour with a collective responsibility for quality, effectiveness and service improvement. Leaders are visible and effective. They innovate and promote creative ideas to sustain the highest-quality services, including early help services, for all children and young people.
  - j. There is a lack of concerns from other external bodies such as the independent assessment of other regulators.
64. Health services provided in an area are good when the following apply:
- a. Children and young people are protected, the risks to them are identified and managed through timely decisions and the help provided reduces the risk of, or actual, harm to them.
  - b. Children and young people looked after have their health assessed, taking account of their family history, and their health needs are met in a coordinated way.
  - c. Young people leaving care or who have left care receive help and support tailored to their individual health needs. They have information and support and the skills and confidence to take responsibility for their own health.
  - d. Leadership, management and governance arrangements deliver strong, strategic local leadership that measurably improves outcomes for children who need help, care or protection.

65. Health services provided in an area are judged as requires improvement when the following applies:
- There are no widespread or serious failures that create or leave children being harmed or at risk of harm. The health and well-being of children looked after is safeguarded and promoted. However, health services in the area are not yet delivering good protection, help and care for children, young people and families.
66. Health services provided in an area are inadequate when the following applies:
- There are widespread or serious failures that create or leave children being harmed or at risk of harm and/or the health and well-being of children looked after is not safeguarded and promoted.
67. A judgement of inadequate is likely to be made if any of the following are judged inadequate:
- the experiences and progress of children who need help and protection
  - the experiences and progress of children looked after and care leavers
  - leadership, management and governance.

### **The experiences and progress of children who need help and protection**

68. Health services are likely to be judged good if the following apply:

#### *The experiences and views of children and their families*

- a. Children and their families or carers tell us about:
- their good experiences of using local health services
  - how the support they receive is helping to improve their health and well-being
  - being given clear and timely information about how local health services can help them
  - ease of getting help from local health services (universal, targeted or specialist) and that services communicate with each other
  - how they have been involved in planning, agreeing and reviewing the help they need from local health services
  - whether they would recommend their local health services to others.

#### *Assessing need and providing early help*

- b. Health professionals (all sectors) are able to demonstrate clear and effective systems to identify and support children and families who would benefit from early help.

- c. Communication, information sharing and partnership working between health services, children and their families, and with other agencies is timely, specific and effectively coordinated and takes full account of the requirements set out in legislation and guidance about the need to obtain parental consent for enquiries to be made, except where in seeking that consent a child is likely to suffer significant harm or further harm.
- d. Early help work led by health staff safeguards children and secures demonstrable improvements in their health and development.
- e. Health assessment, care planning and review arrangements are well targeted, child-centred, and recognise the diversity of children's needs and family circumstances.
- f. Barriers to the effective delivery of early help health services are recognised and effectively addressed. For example, working with families who are difficult to engage or practical obstacles to families accessing services.

*Identifying and supporting children in need*

- g. Health professionals (all sectors) are able to demonstrate clear systems to identify and support children in need and their families that make a difference to the child/children's lives.
- h. Assessments, care plans and 'child in need' reviews demonstrate effective joint working between local healthcare services and partner agencies.
- i. Health professionals effectively involve children and their families in work to address areas of concern.
- j. Deterioration in the physical, emotional, mental health and behavioural needs of children and young people (all ages) is effectively identified and addressed.
- k. Organisations ensure that professional accountabilities for managing risk are clearly identified, understood by health professionals and actions taken to reduce risk to children and young people are well targeted, effective and proportionate.
- l. Health professionals can evidence effective interventions that lead to improved outcomes for children in need and their families.

*The quality and impact of child protection arrangements*

- m. Health professionals can describe local thresholds and their professional accountabilities for keeping children and young people safe.
- n. Assessment of needs and risks to children are well documented in appropriate referrals made by health professionals.
- o. Health professionals effectively contribute to multi-agency safeguarding units (e.g. MASH), where they exist:

- there is timely and appropriate follow-up of risks to the health, safety, development and well-being of children
  - there are appropriate safeguards for managing confidentiality and consent.
- p. There is timely and effective access to health professionals out of hours when an urgent response is needed.
  - q. Assessment of children’s needs, their family circumstances and risks is dynamic, comprehensive and informs the development of appropriate, individually tailored, outcome focused health plans delivered as part of multi-agency child protection plans. Authoritative action is taken when change isn’t secured.
  - r. Health staff are appropriately engaged in all aspects of child protection activity; for example, identifying children at risk, effectively contributing to strategy meetings, case conferences, core group meetings and multi-agency risk assessment conferences (MARAC)<sup>17</sup>
  - s. The wishes and experiences of children, young people and their families are clearly recorded, taken account of and reviewed.
  - t. Systems for tracking children and their families who move between different health teams and services are effective and well managed.
  - u. Health staff understand the risks and identify children and young people who are missing from home, care or full-time education and those at risk of sexual exploitation and trafficking. They work effectively with multi-agency colleagues to ensure that they are safe and minimise risk.
  - v. Local health safeguarding arrangements take account of the continuity needed to minimise the risks to the health and well-being of children looked after.
  - w. The healthcare and treatment of vulnerable children meets practice guidance and standards (from NICE, Royal Colleges and including lessons from research).

## Outstanding

- The experiences and progress of children who need help and protection is likely to be judged outstanding if, in addition to meeting the requirements of a ‘good’ judgement, there is evidence that professional practice exceeds the standard of ‘good’ and results in sustained improvement to the lives of children, young people and their families. Research-informed practice, some of which will be innovative, continues to develop from a strong and

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<sup>17</sup> Multi-agency risk assessment conferences (MARACs) are meetings where information about high-risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. By bringing all agencies together at a MARAC, a risk-focused, coordinated safety plan can be drawn up to support the victim and their child/ren.

confident base, making an exceptional difference to the lives and experiences of children and young people.

### **Requires improvement**

- The experiences and progress of children who need help and protection is likely to 'require improvement' if there are no widespread or serious failures that create or leave children being harmed or at risk of harm. However, health services are not yet delivering good help and protection for children, young people and families.

### **Inadequate**

- The experiences and progress of children who need help and protection is likely to be inadequate if there are widespread or serious failures which leave children being harmed or at risk of harm.

### **The experiences and progress of children looked after and care leavers**

69. Health services are likely to be judged good if the following apply:

*The experiences and views of children and their families, young people and care leavers*

- a. Children and their families or carers, young people and care leavers tell us about:
  - their good experiences of using local health services
  - how the support they receive is helping to improve their health and well-being
  - health professionals who know them well and have developed positive relationships with them
  - being given clear and timely information about how local health services can help them
  - ease of getting help from local health services (universal, targeted or specialist) and that services communicate with each other
  - how they have been involved in planning, agreeing and reviewing the help they need from local health services
  - whether they would recommend their local health services to others.

*The quality of health services and outcomes for children who are looked after and care leavers*

- b. Health assessments, adoption medicals, health plans and review arrangements are comprehensive, child-centred and within statutory timescales and plans are implemented.



- c. Communication, information sharing and partnership working between health commissioners, healthcare providers, children and their carers is timely, effectively coordinated, and promotes improvement in the health and well-being of children who are looked after and care leavers:
  - confidentiality and consent is well managed
  - health staff are appropriately engaged in assessment and review arrangements for children looked after
  - health needs of care leavers are clearly assessed, prioritised and met
  - child and young people’s health outcomes are closely monitored and risks are escalated
  - transition from children’s to adult health services is well managed; care leavers have access to their full health history and provided with key documents.
- d. The needs and risks to the health and development of children and young people placed out of area are clearly identified and address immediate access to health services.
- e. There is timely and effective access to health professionals out of hours when an urgent response is needed.
- f. There is effective and targeted work, child and adolescent mental health services (CAMHS) provision and therapeutic help and services for with children and young people at risk of sexual exploitation, those with emotional, mental health and behavioural needs, and those with disabilities and complex health needs. Services are available when needed and for as long as they are required.
- g. Health support for teenage parents is well targeted and effective in driving improved outcomes for young people and their unborn/new born babies.
- h. Barriers to the effective delivery of healthcare for children looked after and care leavers are recognised and effectively addressed.

## **Outstanding**

- The experiences and progress of children looked after is likely to be judged outstanding if, in addition to meeting the requirements of a ‘good’ judgement, there is evidence that professional practice in health services exceeds the standard of ‘good’ and results in sustained improvement to the lives of children, young people and their families. Research-informed practice, some of which will be innovative, continues to develop from a strong and confident base, making an exceptional difference to the lives and experiences of children and young people.

## **Requires improvement**

- The experiences and progress of children and young people looked after are judged as requires improvement when there are no widespread or serious failures or unnecessary delays that result in the health of children looked after not being promoted. However, health services are not yet delivering good help and care for children looked after and young people leaving care.

## **Inadequate**

- The experiences and progress of children and young people looked after and achieving permanence is likely to be inadequate if there are widespread or serious failures including unnecessary delays which result in their health not being promoted.

## **Leadership, management and governance**

70. Health services are likely to be judged good if the following apply:

### *Leadership and management*

- a. Clinical Commissioning Groups (CCGs) and NHS England Local Area teams provide good leadership in work to continuously improve health safeguarding and children looked after arrangements. They work effectively with the local authority and the LSCB to promote and secure a sufficient range of good quality provision to meet local needs.
- b. Individual and collective statutory responsibilities are discharged.
- c. Partnership working between NHS trusts, GPs, and child and adult health services is well coordinated and supports effective use of organisational capacity and expertise.
- d. Management oversight and review supports effective tracking of risks to children and improvements in child health outcomes, and ensures that systems and legal proceedings minimise delays for children.
- e. Leaders and managers have a comprehensive and current knowledge of what is happening at the frontline.
- f. Workforce planning is highly developed and responsive to changes in demand and gaps in organisational capacity are effectively managed.
- g. It has a track record of dealing rigorously and effectively with areas for development.
- h. Organisations are learning organisations and can demonstrate evidence of practice that is informed, modified and sustainably improved by feedback, research and intelligence about the quality of services and the experiences of children, young people and families who use them.

## *Governance*

- i. Lines of accountability/governance arrangements for safeguarding children, including support for children who are looked after, are clear and effectively managed within the work of health commissioners and providers.
- j. Trust performance reports provide a clear picture of the effectiveness of local arrangements for safeguarding and improving the health and well-being of children and young people.
- k. Children and young people are encouraged to regularly share their views and experiences in evaluating the quality and impact of local health services.

## *Training and supervision*

- l. Health staff are well trained in safeguarding and children looked after work and their competences are checked to support compliance with Working Together and inter-collegiate guidance.
- m. Learning from serious case reviews and previous inspections is supporting measurable improvements in practice.
- n. Research is effectively used to inform practice and promote innovative work with children and their families.
- o. There is effective organisational support for professionals development and leaders provide the right environment for good practice to take place.

## **Outstanding**

- Leadership, management and governance are likely to be outstanding if, in addition to meeting the requirements of a 'good' judgement, there is evidence that leaders (both professional and political) and managers are inspirational, confident, ambitious and influential in changing the lives of local children, young people and families, including children who are looked after and those who have left or who are leaving care. They innovate and generate creative ideas to sustain the highest-quality services, including early help services, for all children and young people. They know their strengths and weaknesses well and can provide evidence of improvement over a sustained period of time. Professional relationships between health organisations, the local authority and other partners are mature and well developed. Accountabilities are embedded and result in confident, regular evaluation and improvement of the quality of help, care and protection that is provided.

## **Requires improvement**

- Leadership, management and governance are judged as requires improvement when any widespread or serious failures have been identified by health services and are being effectively addressed, but the characteristics of good leadership are not in place.

## **Inadequate**

- Leadership, management and governance are likely to be inadequate if either of the two main judgements is inadequate and leaders and managers have not been able to demonstrate sufficient understanding of the failure. They have been ineffective in prioritising, challenging and making improvements.

### **Proposal 3c: The police force**

71. HMIC will make judgements about the experiences and progress of all children in need of help and protection including those looked after. However, we will not specifically gather evidence around the achieving of permanence for children who are looked after.
72. HMIC's contribution to the integrated approach includes the review of the overall service that is provided by forces to safeguard children who need help and protection. HMIC will focus on the experiences and outcomes of children within the geographical boundaries of the local authority area and report on the performance of the police serving that area.
73. Where the findings relate to children in other local authority areas within the force area or cross force border, arrangements will be considered and may be commented on.
74. HMIC will make the following judgements about the contribution of the police force to the help and protection of children and young people:
  - the overall effectiveness of the force and its response to children who need help and protection.

The overall effectiveness judgement is a cumulative judgement derived from:
  - the experiences, progress and outcomes for children who need help and protection
  - leadership, management and governance.

#### **Overall effectiveness**

75. In an outstanding police force, the following apply:
  - a. The interaction between police officers/police staff with children, young people and families is of the highest quality and is delivering measurably improved outcomes. For some children and families, the help and protection provided exceeds expectations.
  - b. Inspirational, confident, ambitious and influential leadership affects the lives of local children, young people and families who are in need of help and protection. Leaders are visible and effective. They innovate and promote creative ideas to sustain the highest-quality services, across all areas of policing that contribute towards child protection.
  - c. Professional relationships between the force and partner organisations are mature and well developed. Accountabilities are embedded and result in confident, regular evaluation and improvement in the quality of help and protection that is provided.

- d. The force is proactive and accurate in identifying and responding to the changing needs of its local communities and the performance of its officers and staff. Change and improvement are consistently and effectively implemented and reviewed for their impact. Children, young people and families clearly benefit from improvements that are made and the impact of their feedback is evidenced.
  - e. Effective and continuous learning improves professional practice. This is sustained over time. Professional challenge and leadership ambition inspires high-quality work that helps, protects and promotes the welfare of all children and young people, particularly those who are most vulnerable.
  - f. The views and experiences of children, young people and their families are at the centre of service design and influence development and strategic thinking.
76. In a good police force, the following apply:
- a. Children and young people are protected, the risks to them are identified and managed through timely decisions and the help provided reduces the risk of, or actual, harm to them.
  - b. Leadership, management and governance arrangements deliver strong, strategic local leadership that measurably improves outcomes for vulnerable children. The force works with partners to help and protect children and young people.
  - c. There is a clear and up-to-date strategy for child protection and there are sufficient resources to meet the needs of children and young people in the force area. Leaders drive continuous improvement so that the force is consistently effective.
77. In a police force that requires improvement, the following applies:
- There are no widespread or serious failures that create or leave children being harmed or at risk of harm. However, the force is not yet delivering good help and protection for children, young people and families.
78. In a police force that is inadequate, the following applies:
- There are widespread or serious failures that create or leave children being harmed or at risk of harm.
79. A judgement of inadequate is likely to be made if either of the following are judged inadequate:
- the experiences, progress and outcomes for children who need help and protection
  - leadership, management and governance.

## **The experiences and progress of children who need help and protection**

80. A police force is likely to be judged good if the following apply:
- a. Children and young people are listened to, the police response is focused on their needs and experiences and influenced by their wishes and feelings or, where they cannot represent their view themselves, those advocated on their behalf.
  - b. Children, young people and families benefit from supportive and meaningful relationships with police officers and police staff members. They are engaged in all actions and decisions and understand the intentions of the officers and staff working with them. Where victims and/or families refuse to engage, there are continued attempts to do so.
  - c. Children, young people and families are referred into the agencies that provide early help when needs and/or concerns are first identified.
  - d. Information-sharing between agencies and professionals is timely, specific and effective and takes full account of the requirements set out in legislation and guidance.
  - e. Children and young people in need of help and protection are identified by all police officers and police staff coming into contact with them, and appropriate referrals are made to children's social care or other relevant partners. There is a timely and effective response outside of the hours when specialist staff are working.
  - f. Thresholds for intervention accord with the requirements of legislation and are appropriate, understood by partners, consistently applied, well embedded, and reviewed and updated regularly.
  - g. Children and young people receive help that is proportionate to risk; children and families are not routinely subjected to formal child protection investigations if these are not necessary.
  - h. Child protection enquiries are thorough, timely and informed by a decision made in a strategy meeting, except in emergencies where there must be evidence of immediate risk of harm to a child. They are always led by a suitably qualified and experienced police officer or police staff member. Findings in relation to significant harm are clear and result in urgent action to protect children and young people.
  - i. Decision-making is undertaken by suitably qualified and experienced police officers, police staff and supervisors. All decisions, actions and engagement with the victim, family and other professionals are clearly recorded.
  - j. Children and young people are protected through effective multi-agency arrangements. Case conferences, strategy meetings, core groups and multi-agency risk assessment conferences (MARAC) are attended by key participants and are effective forums for timely information-sharing, planning and risk-based decision-making.

- k. Children and young people who live in households where at least one parent or carer misuses substances or suffers from mental ill-health, or where there is domestic violence, are helped and protected. Incidents are monitored and multi-agency responses are effective and coordinated between agencies, including management through MARAC.
- l. Children and young people who are missing from home and those at risk of sexual exploitation and trafficking receive well-coordinated responses that reduce the harm or risk of harm to them. Risks are well understood and minimised. Local authorities, schools and local police are aware of, and implement in full, the requirements of the statutory guidance for children and young people who are missing. Comprehensive records are held and shared between agencies to help and protect children and young people. Together, they take steps to ensure that all children, including those who are excluded from school, are safe and that for those who are missing or often missing there is a clear plan of urgent action in place to protect them and to reduce the risk of harm or further harm.
- m. Allegations of abuse, mistreatment or poor practice by professionals and carers are taken seriously. Steps are taken to protect children and young people and the management of allegations is robust and effective.
- n. Police officers and police staff conduct effective criminal investigations, maximising evidential opportunities and making decisions over how to proceed with offenders, taking into account the potential outcomes for children and young people.
- o. Evidence is gathered from child victims and witnesses in the most appropriate manner, taking into account the wishes of children and their families. Police officers and police staff work in line with national guidance for 'Achieving Best Evidence' interviews and routinely work with social workers during the interview phase of child victims.
- p. Child victims and witnesses are actively supported towards and through any criminal court proceedings and any therapy a victim requires is not delayed or affected.
- q. Police officers and police staff complete effective risk assessments in respect of registered sexual offenders and other offenders who present a risk of harm to children and young people. Risk management plans are created, implemented and shared across partnerships to remove or reduce all potential risks.
- r. Practice is informed by feedback from children and their families about the effectiveness of the help and protection they receive.
- s. Children, young people and families have timely access to, and use the services of, an advocate where appropriate.
- t. Children and young people are only detained in police custody centres in line with the legislative requirements of the Police and Criminal Evidence Act 1984. Efforts are made with partners to accommodate children detained



under Section 136 the Mental Health Act 1983 in facilities other than police custody centres.

- u. Children and young people detained in police custody centres have timely access to appropriate adults and are treated sensitively while they are detained.
- v. Help and protection for children and young people is sensitive and responsive to age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation.

## **Outstanding**

- 'The experiences, progress and outcomes for children who need help and protection' is likely to be judged outstanding if, in addition to meeting the requirements of a 'good' judgement, there is evidence that professional practice exceeds the standard of 'good' and results in sustained improvement to the lives of children, young people and their families. Objectively developed practice, some of which will be innovative, continues to develop from a strong and confident base, making an exceptional difference to the lives and experiences of children and young people.

## **Requires improvement**

- 'The experiences, progress and outcomes for children who need help and protection' is likely to 'require improvement' if there are no widespread or serious failures that create or leave children being harmed or at risk of harm. However, the force is not yet delivering good help and protection for children, young people and families.

## **Inadequate**

- 'The experiences, progress and outcomes for children who need help and protection' is likely to be inadequate if there are widespread or serious failures that leave children being harmed or at risk of harm.

## **Leadership, management and governance**

81. The police force is likely to be judged good if the following apply:

- a. The force's senior managers and leaders ensure that the force discharges its statutory responsibilities. There are clear lines of accountability and governance. Leaders have a comprehensive and current knowledge of what is happening at the front-line and how well children and young people are helped and protected.
- b. The force works effectively with other strategic bodies such as LSCBs, Community Safety Partnerships and the Health and Well-being Boards to promote and provide effective responses for children and young people in need of help and protection.

- c. The force contributes to joint strategic needs assessments, ensuring that the range of available services respond to and meet the needs of local children, young people and families in need of help and protection.
- d. The force is an active and fully contributing member of all LSCBs within its boundaries.
- e. The force, through performance management and monitoring, has an accurate and systematically updated understanding of its effectiveness. It demonstrates a track record of dealing rigorously and effectively with areas for development. Leaders have a comprehensive and current knowledge of what is happening at the front-line and a track record of responding appropriately and quickly to gaps within the force or new demands
- f. Supervisory oversight of practice, including senior managers, is established, systematic and demonstrably used to improve the quality of decisions and how children and young people are helped and protected.
- g. The force is a learning organisation and can demonstrate evidence of a response that is informed, modified and sustainably improved by feedback, research and intelligence about the quality of service delivery and the experiences of children, young people and families who use them.
- h. The police workforce is sufficient, stable, suitably qualified and competent to deliver high-quality services to children and their families. Managers and practitioners are experienced, effectively trained and supervised and the quality of their response improves the lives of vulnerable children, young people and families. There is effective organisational support for the professional development of police officers and police staff and leaders provide the right environment their staff to perform well.
- i. The force leadership is aware of areas of policing where children are potentially adversely affected, i.e. police custody centres, and have ensured that all children are fairly and properly treated.

## **Outstanding**

- Leadership, management and governance are likely to be outstanding if, in addition to meeting the requirements of a 'good' judgement, there is evidence that leaders and managers are inspirational, confident, ambitious and influential towards children and young people who are in need of help and protection. Leaders are visible and effective. They innovate and promote creative ideas to sustain the highest-quality services across all areas of policing that contribute towards child protection. They have identified their strengths and weaknesses and can provide evidence of improvement over a sustained period of time. Professional relationships between the force and partner organisations are mature and well developed. Accountabilities are embedded and result in confident, regular evaluation and improvement of the quality of help and protection that is provided.

## **Requires improvement**

- Leadership, management and governance require improvement when any widespread or serious failures have been identified by the force and are being effectively addressed, but the characteristics of good leadership are not in place.

## **Inadequate**

- Leadership, management and governance are likely to be inadequate if the judgement for 'the experiences and progress of children who need help and protection' is inadequate and leaders and managers have not been able to demonstrate sufficient understanding of the failure. They have been ineffective in prioritising, challenging and making improvements.

## **Proposal 4a: Providers of probation services and youth offending teams**

82. HMI Probation will inspect a small sample of cases held by providers of probation services and youth offending teams in the local authority area. We are proposing that the quality of the work to protect children, including, in the case of youth offending services, children looked after, will be assessed against the criteria set out below. We will also assess the quality of the governance and management arrangements in the relevant agencies.
83. We want to know if the criteria set out are likely to achieve these aims.

### **Criteria for protecting children: National Probation Service and Community Rehabilitation Companies**

84. Children in need of protection are identified at an early stage:
- a. At the start of sentence, the offender's previous and current circumstances and relationships are fully ascertained and the nature of any contact with children is identified.
  - b. Where necessary, full details of the children, including age, gender, address and relationship, are obtained together with their current home circumstances.
  - c. Checks are made with children's social care services to determine whether the children are already known to child protection agencies.
  - d. Where the child is known to children's services, they are advised of the involvement of the National Probation Service (NPS)/Community Rehabilitation Companies (CRC).
  - e. An initial screening is carried out to determine whether a risk is posed by the offender to a child or, conversely, whether the offender is a protective factor.
85. Timely assessments of potential risk to children are carried out and other agencies alerted immediately where necessary
- a. Where a potential risk to children from an offender is identified, a full assessment of the risk posed is carried out promptly. The assessment clearly states the nature and level of the risk posed.
  - b. Where an imminent risk is posed to an identified child by the offender, children's social care services are alerted immediately.
  - c. Where appropriate, assessment should include a home visit and discussion with the parent/carer of the child at risk.
  - d. Information is shared with appropriate agencies in a clear and timely manner.

- e. Changes in circumstances are monitored and assessments are reviewed regularly.
86. Formal referrals are made to appropriate child protection agencies. The response is effectively monitored and followed up where necessary
- a. A timely formal referral, using agreed format and channels, is made to children's social care services where a risk to a child has been identified.
  - b. Full details of the child in need of protection, including name, age, address, gender, nature of the risk posed and the details of the adult or young person posing the risk, are included in the referral. Where further details are requested, these are provided promptly.
  - c. The response to the referral is monitored and chased, where necessary, within an appropriate timeframe.
  - d. Where the response is judged to be inadequate, escalation takes place within an appropriate timeframe and is pursued until an adequate response is obtained.
87. Planning is in place, and is shared with other agencies, to ensure that children in need of protection are, and continue to be, protected
- a. NPS/CRC plans clearly identify the child in need of protection, state the nature and level of the risk posed and specify the actions to be taken to protect the child.
  - b. Other relevant agencies involved are clearly identified in the NPC/CRC plan and the arrangements for information-sharing and joint work are specified.
  - c. Parents/carers and other appropriate adults who can contribute to the protection of the child should be included in planning.
  - d. Where appropriate, a copy of the child protection plan is on file. The contribution from the NPS/CRC is clearly stated and is appropriate to the needs of the case.
  - e. Plans are regularly reviewed and changes in circumstances fully taken into account.
88. There is work by individual agencies and jointly with others to manage the risk posed and to protect children
- a. Where an imminent risk is identified, action is taken swiftly and all agencies work together to protect the child/children at risk.
  - b. Work undertaken with adult offenders is designed to reduce any identified risk of harm to children and young people that may stem from their offences or their role as parent/carer.

- c. Staff work effectively with other agencies and take an active role, where necessary, including through effective contribution to relevant multi-agency meetings (including core groups) to protect children.
  - d. Changes in levels of risk are identified swiftly and acted on appropriately.
  - e. Purposeful home visits are carried out in accordance with any child protection plan, and to support continuing assessment, throughout the course of the sentence.
  - f. Multi-agency responses to children and young people facing risks posed by adult and adolescent offenders, such as Multi-Agency Public Protection Arrangements (MAPPA) and Multi-Agency Risk Assessment Conferences (MARAC), are effective.
89. There is effective operational management oversight of the identification, assessment and work with children in need of protection
- a. Managers ensure that all children and young people at risk of harm are identified at the earliest stage and services to protect them are delivered as required.
  - b. Operational management of work to protect children and young people is effective, ensuring that the quality of practice is sufficient, work is recorded and undertaken within a clear policy and practice framework with responsibilities understood and applied by all relevant staff and agencies.
  - c. Where necessary, managers are appropriately and effectively engaged in escalation processes.
90. Positive leadership, effective management and partnership work ensures that children are protected
- a. There are clear strategic accountabilities and responsibilities for the protection of children within individual agencies. Clear and effective leadership ensures that priority is given to protecting children and young people.
  - b. The agency makes an effective contribution to the protection of children through active participation in the local safeguarding children board (LSCB).
  - c. There are clear, well understood procedures within the agency to protect children.
  - d. Managers ensure that access arrangements and thresholds for referral to other social care services are in place and are clear and well understood by Probation/CRC staff.
  - e. Performance management information, serious case reviews and other learning are used actively to improve services.

## **Criteria for protecting children: youth offending teams**

91. Children in need of protection are identified at an early stage
  - a. Checks are made with children's social care services to determine whether the children/young people are already known to child protection agencies.
  - b. Where the child/young person is known to children's services, they are advised of the involvement of the youth offending team.
  
92. Timely assessments of potential risk to children are carried out and other agencies alerted immediately where necessary
  - a. Timely and good quality assessment by the youth offending team (YOT) establishes the level of the child's safety and the need for formal child protection processes. Where a risk is identified, the assessment clearly states the nature and level of the risk posed.
  - b. The YOT assesses the vulnerability of the child to harm through offending behaviour and self-harm. Where it is assessed as posing a serious risk to the safety of the child, this specific information is highlighted appropriately to child protection and other agencies.
  - c. Where appropriate, assessment should include a home visit and discussion with the parent/carer of the child at risk.
  - d. Where there is an imminent risk identified, the YOT case manager alerts children's social care services immediately.
  - e. Information is shared with appropriate agencies in a clear and timely manner.
  - f. Changes in circumstances are monitored and assessments are reviewed regularly.
  
93. Formal referrals are made to appropriate child protection agencies. The response is effectively monitored and followed up where necessary
  - a. A timely formal referral, using the agreed format and channels, is made to children's social care services where a risk to a child has been identified.
  - b. Full details of the child in need of protection, including name, age, address, gender, nature of the risk posed and the details of the adult or young person posing the risk, are included in the referral. Where further details are requested, these are provided promptly.
  - c. The response to the referral is monitored and chased, where necessary, within an appropriate timeframe.
  - d. Where the response is judged to be inadequate, escalation takes place within an appropriate timeframe and is pursued until an adequate response is obtained.

94. Planning is in place and is shared with other agencies to ensure that children are, and continue to be, protected
- a. YOT plans clearly state the nature and the level of the risk and specify the actions to be taken to protect the child.
  - b. Other agencies involved are clearly identified in the YOT plan and the arrangements for information-sharing and joint work are specified.
  - c. Parents/carers and other appropriate adults who can contribute to the protection of the child should be included in planning.
  - d. Where appropriate, a copy of the child protection plan is on file. The contribution from the YOT is clearly stated and is appropriate to the needs of the case.
  - e. Plans are reviewed regularly and changes in circumstances fully taken into account.
95. There is work by individual agencies and jointly with others to manage the risk posed and to protect children
- a. Where an imminent risk is identified, action is taken swiftly and all agencies work together to protect the child/children at risk.
  - b. Staff work effectively with other agencies and take an active role, where necessary, including through effective contribution to relevant multi-agency meetings (including core groups), to protect children.
  - c. Changes in levels of risk of harm to self and others are identified swiftly and acted on appropriately.
  - d. Purposeful home visits are carried out in accordance with any child protection plan, and to support continuing assessment, throughout the course of the sentence.
  - e. The YOT offers emotional support to children on child protection plans and makes referrals to other agencies where appropriate.
  - f. Multi-agency responses to children and young people facing risks posed by adult and adolescent offenders, such as Multi-Agency Public Protection Arrangements (MAPPA) and Multi-Agency Risk Assessment Conferences (MARAC), are effective.
  - g. Young people are effectively supported to reduce the likelihood of them placing themselves at risk of significant harm through offending or re-offending and are diverted from custody.



96. There is effective operational management oversight of the identification, assessment and work with children in need of protection
- a. Managers ensure that all children and young people at risk of harm are identified at the earliest stage and that services to protect them are delivered as required.
  - b. Operational management of work to protect children and young people is effective, ensuring that the quality of practice is sufficient, work is recorded and undertaken within a clear policy and practice framework, with responsibilities understood and applied by all relevant staff and agencies.
  - c. Where necessary, managers are appropriately and effectively engaged in escalation processes.
97. Positive leadership, effective management and partnership work ensures that children are protected
- a. There are clear strategic accountabilities and responsibilities for the protection of children within individual agencies. Clear and effective leadership ensures that priority is given to protecting children and young people.
  - b. The agency makes an effective contribution to the protection of children through active participation in the Local Safeguarding Children Board (LSCB).
  - c. There are clear, well understood procedures within the agency to protect children.
  - d. Managers ensure that access arrangements and thresholds for referral to other social care services are in place and are clear and well understood by YOT staff.
  - e. Performance management information, serious case reviews and other learning are used actively to improve services.

## **Proposal 4b: Providers of custodial and detention services**

98. The contribution of HMI Prisons to the integrated approach considers the way children are treated and the conditions they live in, in custody and in detention.
99. The quality of the work HMI Prisons inspect to protect children will be assessed against the published criteria in *Expectations: criteria for assessing the treatment of children and young people and conditions in prisons*.<sup>18</sup> Expectations have been produced to cover all aspects of the way young people are treated in custody. The areas cited below are the most directly concerned with children in need of help and protection, and children looked after and care leavers. Given the large number of different home areas where children in custody originate from, the criteria will not be used to make an overall judgement.
100. When an integrated inspection is carried out where there is a custodial establishment or detention facility within the local authority area, HMI Prisons will endeavour to align its own inspection schedule so that the work can be completed simultaneously. It is envisaged that HMI Prisons inspectors would be present for week three of the integrated inspection.
101. If required, HMI Prisons will also provide advice where there is no custodial or detention facility in an inspected area, but where risks are identified involving children that are held in custody or detention outside of their home area.
102. A narrative account covering strengths and areas for improvement will be produced to inform the overall inspection report.

## **Care and protection of children and young people**

### *Safeguarding*

103. The establishment promotes the welfare of children and young people, particularly those most at risk, and protects them from all kinds of harm and neglect.

### Expectations

- Children and young people, particularly those most at risk, are provided with a safe and secure environment that protects them from harm and neglect. They receive services that are designed to ensure safe and effective care and support.

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<sup>18</sup> *Expectations: criteria for assessing the treatment of children and young people and conditions in prisons*, Her Majesty's Inspectorate of Probation, 2012; [www.justiceinspectorates.gov.uk/prisons/wp-content/uploads/sites/4/2014/02/expectations-children-young-people.pdf](http://www.justiceinspectorates.gov.uk/prisons/wp-content/uploads/sites/4/2014/02/expectations-children-young-people.pdf)

## Indicators

- a. There are a range of policies in place that have been agreed by the Local Safeguarding Children Board (LSCB) and are jointly reviewed and monitored. Policies cover:
  - child protection
  - suicide and self-harm prevention
  - bullying and violence reduction
  - young people who struggle to cope in custody
  - all aspects of behaviour management
  - public protection
  - staff recruitment (vetting and barring)
  - training and information sharing
  - use of separation/segregation
  - restraint
  - strip-searching.
- b. The implementation of policies is efficiently monitored by a committee which includes a representative from the LSCB and senior staff from all departments in the establishment.
- c. Relevant staff have access to up-to-date ASSETs (Youth Justice Board assessment documentation) and vulnerability assessments to ensure that they have all the relevant information about the young people in their care in order to protect them and promote their welfare.
- d. All staff are trained in safeguarding procedures and are knowledgeable about how to implement the establishment's procedures.
- e. Injuries and incidents of violence, including bullying and self-harm, are closely monitored. There is good data collection and analysis at regular intervals to help identify patterns and trends and to implement preventive measures.
- f. Arrangements are in place to provide appropriate support to young people from trained staff during investigations of allegations of abuse in custody or historic abuse.
- g. Young people's families, carers, friends, legal representatives and external agencies are encouraged, through local arrangements, to provide sources of information that may help to identify and support those young people who are vulnerable, likely to be bullied or who have a history of self-harming behaviour.

*Children and young people who have been identified as being particularly vulnerable or as having different needs, or who have been displaying difficult or challenging behaviour, have an individual care plan to meet their assessed needs*

#### Indicators

- h. Individual care plans are in place to address young people's assessed needs. Contents of plans should always be properly linked to any other existing plans involving young people.
- i. Care plans are thorough, include all aspects of young people's vulnerability, and are quality-assured.
- j. Care plans include regular and good quality entries that evidence interaction and engagement with young people.
- k. Reviews of young people's care take place regularly, involving relevant staff. They are recorded and quality-assured.

*Children and young people are consulted and involved in determining how their lives in the establishment can be made safer*

#### Indicators

- l. Young people are consulted regularly and safety is given a high profile at young people's forums to strengthen the whole establishment approach.
- m. Effective young people's surveys establish their perceptions of safety and the findings are used to inform regular reviews of all strategies.

### **Child protection**

104. The establishment protects children and young people from maltreatment by adults or other children and young people.

#### Expectations

- Children and young people are protected from maltreatment by adults or other children and young people.

#### Indicators

- a. There is a policy that sets out how concerns that are raised by staff about young people are dealt with through agreed child protection procedures.
- b. Staff feel confident and safe to raise concerns about the conduct of any other member of staff in relation to the treatment and management of children.
- c. Any allegation of maltreatment of a young person by a member of staff is referred to the local authority designated officer whose role is clearly described in the child protection policy as agreed by the LSCB.

- d. When abuse is alleged or suspected to have occurred, prompt and appropriate action is taken to protect the young person.
- e. Referral procedures and subsequent arrangements for investigation by the local authority are clearly set out in the child protection policy.
- f. Referral criteria take account of the specific needs of young people in custody.
- g. There is a robust 'checks and balances' system that ensures that all allegations of maltreatment are quality-assured by more than one senior person who has the expertise and independence to deal with the allegations objectively.
- h. Staff are aware of their personal and professional duty of care to young people and undergo appropriate training.
- i. Staff receive specific training on how to handle a disclosure of abuse made to them by a child or young person. Staff are offered ongoing supervision and support following their involvement in a disclosure.
- j. Visitors and families know how to make a referral directly to the local authority if they are concerned that a child or young person is being, or has been, maltreated while in custody.
- k. Young people are able to raise concerns with a range of people and services outside the establishment, such as family members, their youth offending team or their social worker. They are also told about the help they can receive for themselves or others from independent advocacy services, external mentors, local authority children's services and organisations such as ChildLine.
- l. The establishment provides a range of therapeutic, counselling and advice services, either directly or through external providers, which are available to young people who have suffered any form of abuse.
- m. The child protection database records all child protection referrals, the outcomes of investigations and the stage that those yet to be completed have reached. It is held securely so that an appropriate level of confidentiality is maintained with access granted to the duty governor as required.

### **Victims of bullying and intimidation**

105. Everyone feels safe from bullying and victimisation. Children and young people at risk/subject to victimisation are protected through active and fair systems known to staff, young people and visitors that inform all aspects of the regime.

#### Expectations

- Children and young people at risk or who have been subject to bullying or victimisation are protected by staff from any further victimisation.

## Indicators

- a. Young people feel confident to report bullying and it is easy and safe for them to do so without fear of further intimidation.
- b. Staff are aware of all forms of bullying and victimisation, including verbal and racial abuse, theft, threats of violence and assault.
- c. Particular attention is given to identifying and protecting vulnerable young people who may be victimised due to the nature of their offence or personal circumstances.
- d. The violence reduction strategy is explained to young people during induction and they know where they can get help to report bullying and victimisation.
- e. Young people are protected by cell sharing risk assessments that are regular, comprehensive and monitored effectively.
- f. Opportunities for bullying are minimised through a range of protective measures.
- g. Young people who report bullying are protected from further intimidation or victimisation through a care plan that addresses their individual needs.
- h. Young people's families/carers and friends are able to report any concerns they have about bullying. A visitor's survey asks about safety.

## **Suicide and self-harm prevention**

106. The establishment provides a safe and secure environment which reduces the risk of self-harm and suicide. Children and young people are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

## Expectations

- Children and young people at risk of self-harm or suicide receive personal and consistent care and support to address their individual needs and have unhindered access to help.

## Indicators

- a. A detailed care and support plan is prepared with input from the young person that identifies needs as well as the individual staff members responsible for supporting them, including a 'named' officer/key worker and deputy.
- b. All possible sources of help and support are considered as part of the care plan.

- c. Personal factors or significant events that may be a trigger to self-harm are identified and included in the young person's care plan.
- d. Young people are encouraged to express any thoughts of suicide and/or self-harm and are given the opportunity and assistance to make a written contribution to their review, identifying their own support needs.
- e. Arrangements are made to support young people with communication difficulties who may have difficulty discussing their problems.
- f. Families/carers and relevant others are involved in care plan assessments and reviews.
- g. All incidents of self-harm or attempts to self-harm are routinely referred to the child protection coordinator.
- h. All staff, including night staff, are appropriately trained in suicide prevention and understand what to do in an emergency. A programme of refresher training is in place.
- i. Young people are never placed in strip clothing as an alternative to constant observation by and engagement with staff.
- j. Serious incidents are thoroughly and properly investigated to establish what lessons can be learnt to promote good practice.
- k. Where appropriate, family, friends or the local authority for children looked after are informed and are invited to contribute to the young person's care.
- l. An action plan is devised and acted on promptly as a result of an investigation into an apparent self-inflicted death. This is reviewed following the subsequent findings of an inquest jury and/or Prisons and Probation Ombudsman investigation and/or a local authority Part 8 review.
- m. Arrangements are in place for following up after a care and support plan has been closed.
- n. Young people are assessed following a post-closure review to ascertain whether a further care plan is required.
- o. All information about young people at risk of self-harm or suicide and nearing release is, subject to the young person's consent, communicated to people who are able to offer support in the community.

## **Children looked after**

### Expectations

107. The specific needs of children and young people who have looked after status are managed appropriately so that they receive their full entitlements while they are in custody and on release.

### Indicators

- a. There is a dedicated lead in the establishment with responsibility for developing policies and procedures for children looked after and maintaining links with local authorities to ensure that the specific needs of children looked after are met.
- b. There are clear procedures that set out how young people with looked after status are managed.
- c. The procedures ensure that there are systems in place to identify children looked after on reception, inform their local authority and conduct statutory children looked after reviews as required.
- d. Training plans and any other relevant plans take full account of the specific needs of young people with looked after status and involve their local authority at all stages.



## **Proposal 5: How we will report**

108. We will not make an aggregate judgement, but we will bring together the key findings from all agencies about the help, protection and care of children and young people into a summary report that evaluates the extent to which, agencies work together to improve the well-being of children and young people in the local area.
109. In addition, we intend to produce individual agency reports that will focus on the key strengths and weaknesses in the individual agencies, identifying where practice is good and where practice can improve.
110. The summary report and individual agency reports will be published as one combined document.
111. We would like to know what you think about this proposal.

## Proposal 6: Inspecting the effectiveness of the LSCB

112. Section 14(1) of the Act defines the objective of an LSCB as:

- '(a) to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority by which it is established, and
- (b) to ensure the effectiveness of what is done by each such person or body for those purposes.'

113. We will together evaluate the effectiveness and influence of the LSCB and the contribution of partners to making a difference to the lives of children and young people locally. We will make a shared judgement and produce a joint report. This will be published on the Ofsted website and on the website of the other inspectorates at the same time.

114. The box below outlines the agreed scope of this judgement. We then set out our shared criteria for evaluating the effectiveness of the LSCB. We want to know what you think about these proposals.

The Local Safeguarding Children Board (LSCB) complies with its statutory responsibilities in accordance with the Children Act 2004<sup>19</sup> and the Local Safeguarding Children Board Regulations 2006.<sup>20</sup> The LSCB is able to provide evidence that it coordinates the work of statutory partners<sup>21</sup> in helping, protecting and caring for children in its local area and there are mechanisms in place to monitor the effectiveness of those local arrangements. The LSCB takes action to ensure the effectiveness of what is done by each person in line with its objectives. Multi-agency training in the protection and care of children is effective and evaluated regularly for impact on management and practice. The LSCB checks that policies and procedures in respect of thresholds for intervention are understood and operate effectively and identifies where there are areas for improvement. Challenge of practice between partners and casework auditing are rigorous and used to identify where improvements can be made in front-line performance and management oversight. Serious case reviews, management reviews and reviews of child deaths are used by the local authority and partners as opportunities for learning and feedback that drive improvement. The LSCB provides robust and rigorous evaluation and analysis of local performance that influence and inform the planning and delivery of high-quality services.

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<sup>19</sup> The Children Act 2004; [www.legislation.gov.uk/ukpga/2004/31/contents](http://www.legislation.gov.uk/ukpga/2004/31/contents).

<sup>20</sup> The Local Safeguarding Children Boards Regulations 2006;  
[www.legislation.gov.uk/uksi/2006/90/regulation/5/made](http://www.legislation.gov.uk/uksi/2006/90/regulation/5/made).

<sup>21</sup> Children Act 2004, section 13; [www.legislation.gov.uk/ukpga/2004/31/section/13](http://www.legislation.gov.uk/ukpga/2004/31/section/13).

115. The LSCB is likely to be judged to be good if the following apply:

- a. The governance arrangements enable LSCB partners (including the Health and Well-Being Board and the Children's Trust) to assess whether they are fulfilling their statutory responsibilities to help (including early help), protect and care for children and young people. The LSCB effectively prioritises according to local issues and demands and there is evidence of clear improvement priorities identified that are incorporated into a delivery plan to improve outcomes.
- b. Regular and effective monitoring and evaluation of multi-agency front-line practice to safeguard children<sup>22</sup> identify where improvement is required in the quality of practice and services that children, young people and families receive. This includes monitoring the effectiveness of early help.
- c. Partners hold each other to account for their contribution to the safety and protection of children and young people (including children and young people living in the area away from their home authority), facilitated by the chair.
- d. Safeguarding is a priority for all of the statutory LSCB members and this is demonstrable, such as through effective section 11 audits. All LSCB partners make a proportionate financial and resource contribution to the main LSCB and the audit and scrutiny activity of any sub-groups.
- e. The LSCB has a local learning and improvement framework with statutory partners. Opportunities for learning are effective and properly engage all partners. Serious case reviews are initiated where the criteria set out in statutory guidance are met and identify good practice to be disseminated and where practice can be improved. Serious case reviews are published.
- f. The LSCB ensures that high-quality policies and procedures are in place (as required by 'Working together to safeguard children')<sup>23</sup> and that these policies and procedures are monitored and evaluated for their effectiveness and impact and revised where improvements can be made. The LSCB monitors and understands the application of thresholds locally.
- g. The LSCB understands the nature and extent of the local issues in relation to children missing and children at risk of sexual exploitation and oversees effective information sharing and a local strategy and action plan.
- h. The LSCB uses case file audits including joint case audits to identify priorities that will improve multi-agency professional practice with children and families. The chair raises challenges and works with the local authority and other LSCB partners where there are concerns that the improvements

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<sup>22</sup> This applies to all children and includes having an understanding of the local safeguarding response to deaf and disabled children in all aspects of the LSCB functioning.

<sup>23</sup> Working together to safeguard children, Department for Education, 2013;  
[www.gov.uk/government/publications/working-together-to-safeguard-children](http://www.gov.uk/government/publications/working-together-to-safeguard-children)

are not effective. Practitioners and managers working with families are able to be involved in practice audits, identifying strengths, areas for improvement and lessons to be learned. The experiences of children and young people are used as a measure of improvement.

- i. The LSCB is an active and influential participant in informing and planning services for children, young people and families in the area and draws on its assessments of the effectiveness of multi-agency practice. It uses its scrutiny role and statutory powers to influence priority setting across other strategic partnerships such as the Health and Well-being Board.
- j. The LSCB ensures that sufficient, high-quality multi-agency training is available and evaluates its effectiveness and impact on improving front-line practice and the experiences of children, young people, families and carers. All LSCB members support access to the training opportunities in their agencies.
- k. The LSCB, through its annual report, provides a rigorous and transparent assessment of the performance and effectiveness of local services. It identifies areas of weakness and the causes of those weaknesses, and evaluates and, where necessary, challenges the action being taken. The report includes lessons from management reviews, serious case reviews and child deaths within the reporting period.
- l. The LSCB effectively scrutinises the performance of custodial and detention facilities within the local authority area.

116. The LSCB is likely to be outstanding if the following applies:

- In addition to meeting the requirements for a good judgement, it provides evidence of being a highly influential strategic arrangement that directly influences and improves performance in the care and protection of children. That improvement is sustained and extends across multi-disciplinary practice with children, young people and families. Analysis and evaluation of performance is exceptional and helps the local authority and partners to properly understand the impact of services, the quality of practice and the areas for improvement. There is a comprehensive range of training for managers and practitioners that is directly related to multi-agency improvement priorities. The LSCB creates and fosters an effective learning culture locally that extends to front-line practitioners.

117. The LSCB is likely to be judged as requires improvement if the following applies:

- It is not yet demonstrating the characteristics of good.

118. The LSCB is likely to be inadequate if the following applies:

- it is not demonstrating that it has effective arrangements in place and the required skills to discharge its statutory functions set out in Working together to safeguard children, the Children Act 2004 and the LSCB regulations 2006. The LSCB does not understand the experiences of children and young people locally and fails to identify where improvements can be made.